

Austin Dermcare

Minor Consent Form

Minor/Patient Name: _____ D.O.B.: _____

I, _____, Mother, Father, Guardian (circle one) give my consent for the above minor to be seen and treated by the Doctor. This treatment may include minor procedures such as freezing, cautery (burning), cutting (as in biopsies), injections and prescriptions for oral and/or topical medications.

Anything I specifically do not give my consent for without being in attendance is listed below.

Printed Name

Signature

Date: _____

Ph # (where you can be reached the day of appt.)

Revised Feb. 2010